BOARD OF SELECTMEN

TOWN OF EGREMONT

P.O. Box 368 South Egremont, MA 01258-0368

Alarm System Permit Application

Application Fee \$60.00 (Hard-wired only)

Plus Annual Permit Fee \$25.00

(If 'plug and play' type system, no inspection is necessary – just the annual fee and update form)

Date:				
Name of Owner/User:_				
Property Address:				
Mailing Address:				
Phone/Local:		Phone/Othe	er	
Type of Alarm(s): (F) F	ire	(P) Police _	(O) Other	
	F P	0		
DIRECT DIAL				
AUDIBLE				
VISUAL				
OTHER				
Specify Other:				
-Nearest cross street/lai				
			ving location of the building.	
-Authorized person(s) v	vho may be contac	cted when own	er/resident is unavailable:	
Name:	Address	s:	Phone	
Name:	Address	s:	Phone	
Alarm Monitoring Stat	ion: Company:		Phone:	
Is there an external shu Knox Box? Y N		mergency pers	sonnel? YesNo	
Is Alarm System install be activated for no mor			rice which shall deactivate alarm so it ves No	vill
		·	delay of fifteen 15 seconds to enable untally? YesNo	sei
Dialing device shall dia Yes No	_	-	no more than twice for any one incide	ıt?
Alarm Installer Name:			Phone:	
Address				
Alarm Installer must co issuance of permit (413		f Wires Ted Pi	ontek for inspection of system, prior t)
Wire Inspector Signature: OK			Date:	